

INVOICE

PLEASE REMIT TO:

INDIANA DEPT OF ENVIRONMENTAL MGMT
CASHIER OFFICE - MAIL CODE 50-10C
100 NORTH SENATE AVENUE
INDIANAPOLIS IN 46204

Page: 1
Invoice No: 000049600
Invoice Date: 01/03/2006
Customer Number: CST100001758
Bill Type: 060
Payment Terms: NET 60
Due Date: 03/04/2006

Customer

COUNTRYSIDE MHP
MR SHANE HERZNER
PO BOX 988
C/O THE SAX REALTY GROUP
MILFORD OH 45150

AMOUNT DUE:

350.00 USD

Amount Remitted

☐ Note Address Changes Above.

For billing questions, please call 317-233-0604

Line	Adj Identifier	Description	Quantity	UOM	Unit Amt	Net Amount
<p>- PLEASE NOTE NEW REMIT TO ADDRESS ABOVE.</p> <p>- This annual fee billing is required for active Public Water Systems (to defray the costs of administering activities of the federal Safe Drinking Water Act) under Indiana Code: IC 13-18-20.5. To view via the internet, visit: http://www.IN.gov/legislative/ic/code/title13/ar18/ch20.5.html</p> <p>- Fees are based on the activity status as of December 31 of the previous year.</p> <p>- Fees on Community Water Systems will be based on the number of service connections on record for the month of December of the prior year.</p> <p>- Fees are not pro-rated. If a system is sold or inactivated during the billing year, the amount of the assessed fee remains due and payable.</p> <p>- If payment of the assessed fee amount imposes an undue burden on the public water system, the facility may notify this Agency within forty-five (45) days of this invoice date to pay in four equal installments within a year.</p> <p>- Payments not received or received after the DUE date are subject to a delinquency charge equal to 10% of the assessed fee.</p> <p>- If several invoices are to be paid by one check, you MUST INCLUDE A COPY OF EACH BILLING INVOICE in order to ensure proper credit for each fee assessment.</p> <p>- For questions regarding your assessed fee amount, please contact the Drinking Water Branch, Office of Water Quality at 317/308-3282.</p> <p>- ATTENTION: The due date shown in the upper right hand corner of this invoice reflects the standard 60 days past the invoice print date.</p>						
1	06-IN5273005C-0	PWS Fee - SVC:68	1.00		350.00	350.00
TOTAL AMOUNT DUE:						350.00

Please include a copy of your invoice along with payment.

Payments received without a copy of original invoice or invoice number noted on the check will be returned.